

RECEIVED
CENTRAL FAX CENTER

APR 06 2006

Official Communication

~~PATENT~~**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of: Parker, et al
 Application No.: 10/657,451
 Filing date: September 8, 2003
 Title: In-line Holographic Mask for
 Micromachining

Docket No.: 116-001b
 Date: April 6, 2006
 Group Art Unit: 2872
 Examiner: John Juba

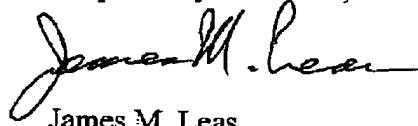
Submission of IDS under 37 CFR 1.97(c)

Commissioner for Patents
 PO Box 1450
 Alexandria VA, 22313-1450

Sir:

Attached is an IDS and the fee under 37 CFR 1.17(p). A fee sheet and credit card form are attached. If there are any questions please call applicant's attorney at 802 864-1575.

Respectfully submitted,



James M. Leas
 Attorney at Law
 Registration Number 34,372
 802 864-1575

Law Office of James M. Leas
 37 Butler Drive
 S. Burlington, Vermont 05403

CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

MAIL

deposited with the United States Postal Service
 with sufficient postage as express mail in an
 envelope addressed to:
 Commissioner for Patents
 PO Box 1450
 Alexandria VA, 22313-1450

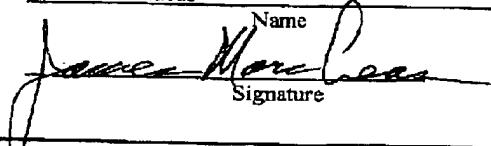
Date: 4/6/06

FACSIMILE

transmitted by facsimile to the Patent and
 Trademark Office.

James Marc Leas

Name



Signature

116-001b

Page 1 of 1

10/657,451

AIK 0-0 2008

APR 06 2006

p. 2

PTO/SE/08A (07-05)

Approved for use through 07/31/2008. GMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
A collection of information under 17 U.S.C. § 11 and 35 U.S.C. § 11.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449PTD

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

ENTER STAFF

Use as many sheets as necessary.

She

10

Complete if Known

Application Number	10/657,451
Filing Date	September 8, 2003
First Named Inventor	Parker, et al
Art Unit	2872
Examiner Name	John Juba
Attorney Docket Number	116-001b

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initials ¹	Cite No. ¹	FOREIGN PATENT DOCUMENTS			
		Foreign Patent Document Country Code ² Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear T ⁶

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. **²Applicant's unique citation designation number (optional).** **³See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04.** **⁴Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3).** **⁵For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.** **⁶Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible.** **⁷Applicant is to place a check mark here if English language Translation is attached.**

This collection of information is required by 37 CFR 1.97 and 1.88. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/17 (12-04-02)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no marks are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete If Known

Application Number	10/657,451
Filing Date	9/8/2003
First Named Inventor	James Marc
Examiner Name	John Tuba
Art Unit	2872
Attorney Docket No.	116-0016

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	Fee (\$)	Small Entity					
- 20 or HP =	x	=			50	25	
HP = highest number of total claims paid for, if greater than 20.					200	100	
Indep. Claims	Fee (\$)	Fee (\$)			360	180	
- 3 or HP =	x	=					
HP = highest number of independent claims paid for, if greater than 3.							

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 =	/ 50 =	(round up to a whole number) x		
---------	--------	--------------------------------	--	--

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): TDS180

SUBMITTED BY

Signature	<u>James M. Marc</u>	Registration No. <u>34372</u>	Telephone <u>802 864-9319</u>
Name (Print/Type)	<u>James M. Marc</u>	Date <u>4/6/06</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/07/2006 MBINAS 00000021 10657451

01 FC:1806

180.00 0P